



## ADMINISTRATIVE COMMITTEE AGENDA

**Date and Time:** Tuesday, September 6, 2022 at 8:00AM  
**Location:** City Hall, 101 South Boulevard, Baraboo, WI 53913  
**Room:** C205 *Dennis O Thurow* Committee Room

**Notices:**

Members Noticed: Alderpersons: Kathleen Thurow, Heather Kierzek & Bryant Hazard  
Citizen or other notices: Mayor Rob Nelson, City Administrator Casey Bradley; Interim Police Chief Rob Sinden; Finance Director Julie Ostrander; City Engineer Tom Pinion; Clerk Brenda Zeman; Library for subsequent posting, and Media

- 1) Call to Order:
  - a) Roll call of members
  - b) Note Compliance with Open Meeting Law.
  - c) Approve minutes – August 3, 2022
  - d) Approve agenda.
- 2) Action Item(s):
  - a) Review and recommendation to the Common Council for a Reserve “Class B” Combination License for The Relish Tray Bistro, LLC, 106 4<sup>th</sup> Ave.
  - b) Review and recommendation to the Common Council on approving the following Temporary Liquor Licenses (aka Picnic License):
    - i. Downtown Baraboo, Inc., 2022 Brew Ha Ha, 9-23-2022
    - ii. Baraboo Young Professionals, Baraboo Night Market, 9-16-2022
    - iii. Baraboo Acts Coalition, Celebrate Sauk, 9-23-2022
  - c) Review and recommendation to the Common Council on Ginger Stromberg’s application for an Operator’s License.
  - d) Consider Pamela Zeman’s application for keeping chickens at 313 13<sup>th</sup> Ave.
    - i. Correspondence from tenant at 325 13<sup>th</sup> Street
- 3) Information Item(s):
  - a) Date and time of next meeting: Tuesday, October 4, 2022 at 8:00AM
- 4) Adjournment:

For more information about the City of Baraboo, visit our website at [www.cityofbaraboo.com](http://www.cityofbaraboo.com).

Agenda prepared by Brenda Zeman, (608) 355-2700

Agenda posted by Donna Griggel on September 1, 2022

Any person, who has a qualifying disability as defined by the Americans with Disabilities Act and requires the meeting or materials at the meeting to be in an accessible location or format, should contact the Baraboo City Clerk at 101 South Boulevard, Baraboo, Wisconsin or by phone (608) 355-2700 during regular business hours at least 48 hours before the meeting to ensure reasonable arrangements are made to accommodate each request.

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: Aug 5, 2022 ending: June 30, 2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Baraboo

County of Sauk Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company  
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030361979-04</u>	
FEIN Number <u>88-1766274</u>	
TYPE OF LICENSE REQUESTED	PAID FEE
<input type="checkbox"/> Class A beer	<u>Aug 05 2022</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>416.70</u>
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>10,000</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>35</u>
TOTAL FEE	\$ <u>10,451.70</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Amber Giddings, owner, Single member LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Giddings</u>	(First) <u>Amber</u>	(Middle Name) <u>W</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 W Maple St, Baraboo, WI 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Amber Giddings</u>	(First) <u>Amber</u>	(Middle Name) <u>William</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 W Maple St, Baraboo, WI 53913</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Relish Tray Bistrot Speakers Business Phone Number 608 448 2038  
2. Address of Premises 106 4th Ave Post Office & Zip Code Baraboo, 53913

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Basement - Speakers  
Main level, Shelving, Storage  
Cooler,

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☒ Yes ☐ No

(b) If yes, under what name was license issued? The Relish Tray Bistrot LLC  
\*I have a beer/wine license

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date June 2020 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No  
**If yes, explain.** the Barn Rest / Township of Bamboo
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Amber W Giddings</u>	Title/Member <u>Owner</u>	Date <u>Aug 5, 2022</u>
Signature <u>Amber W Giddings</u>	Phone Number .....	Email Address .....

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>8/5/22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

JA

08/10/2022

**Application for Temporary Class "B" / "Class B" Retailer's License**Application Date: 08/09/2022

City of Baraboo

County of Sauk

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics of similar gatherings under § 125.26(6), Wis. Stats.  
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under §125.51(10), Wis. Stats.

At the premises described below during a special event beginning 09/23/2022 and ending 09/23/2022 and agrees to comply with all laws, resolutions, ordinances and regulation (stat, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box)→ ☒ Bona fide Club ☐ Church ☐ Lodge/Society  
☐ Chamber of Commerce or similar Civic or Trade Organization  
☐ Veteran's Organization ☐ Fair Association

(a) Name DOWNTOWN BARABOO INC.(b) Address PO BOX 216 Baraboo 53913  
 (Street) \_\_\_\_\_ City \_\_\_\_\_(c) Date Organized 09/23/2022

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to §77.54 (7m), Wis. Stats, check this box:

(f) Names and addresses of all officers:

President PJ KRUSCHEL PO Box 216Vice President Jill Addy PO Box 216Secretary Courtney Atwater PO Box 216Treasurer Paige Kramer PO Box 216(g) Name and address of manager or person in charge of affair: SETH TAFT  
PO Box 216 downtownbaraboo@gmail.com

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Store, and Areas Where Alcohol Beverage Records Will Be Stored:

(a) Street Number 3rd St, 3rd Ave, 4th Ave, Oak St, Baraboo

(b) Outdoor Event Description \_\_\_\_\_

(c) Do premises occupy all or part of building? See Excel Attachment(d) Describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:  
See excel attachment - All businesses will be participating from their main retail space.

3. Name of Event 2022 BREW HA HA (OKTOBERFEST)

(a) List name of the event \_\_\_\_\_

(b) Dates of event 09/23/2022E-mail address: downtownbaraboo@gmail.com**DECLARATION**

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

PAYMENT OPTIONS: (choose one)

On line

US mail

☒ In person

City Hall Night Deposit

DOWNTOWN BARABOO INC.

(Name of Organization)

eSigned via SeamlessDocu.com

Seth Donald Alfred Norman Taft

Key: a0e5b09b713b219b4e24805a7b470472

Officer: \_\_\_\_\_

(Signature/date)

08/09/2022

Approvers:

eSigned via SeamlessDocu.com

Rob Sinden

Key: 7012727eaa483a4850ba39d37806ca30

08/10/2022

Stop #	Business Name	Brewery	First Name	Last Name	Pouring Area:
1	Bekah Kates	Paulaner Brewing	Bekah	Stelling	Main retail shopping space
2	Baraboo Music	Potosi Brewing	Austin	Blacker	Main retail shopping space
3	Radio Shack	New Belgium Brewing	PJ	Kruschel	Main retail shopping space
4	Spa Serenity	Bells Brewing	Lacey	Steffes	Main retail shopping space
5	Spirit Lake Trading Co	City Lights Brewing	Mike	Palm	Main retail shopping space
6	Con Amici	Badger State Brewing	Nellie	Schmitz	Main restaurant space
7	The Jeweler's Edge	Eagle Park Brewing	Sarah	Fay	Main retail shopping space
8	Countryside Refind	Hop Haus Brewing	Jennifer	Loveless	Main retail shopping space
9	Eclectic Treasures	Central Waters Brewery	Erin	Zirbel	Main retail shopping space
10	Blank Canvas Arts	One Barrel Brewing	Brett	Klawitter	Main retail shopping space
11	608 Axe Throwing	Enlightened Brewing	Brian	Buchanan	Main retail space
12	Baraboo Burger Co.	Lakefront Brewing	Eric	Meyer	Main restaurant/back patio space

## Application for Temporary Class "B" / "Class B" Retailer's License

Application Date: 8/12/22

City of Baraboo

County of Sauk

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics of similar gatherings under § 125.26(6), Wis. Stats.
- ☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under §125.51(10), Wis. Stats.

At the premises described below during a special event beginning 9/16/22 and ending 9/16/22 and agrees to comply with all laws, resolutions, ordinances and regulation (stat, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box)→
- ☒ Bona fide Club  
☐ Chamber of Commerce or similar Civic or Trade Organization  
☐ Veteran's Organization  
☐ Church  
☐ Fair Association  
☐ Lodge/Society

(a) Name BARABOO YOUNG PROFESSIONALS(b) Address PO BOX 236 Baraboo, WI 53913  
(Street) \_\_\_\_\_ City \_\_\_\_\_(c) Date Organized 3/1/17(d) If corporation, give date of incorporation 1/9/18

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to §77.54 (7m), Wis. Stats, check this box:

(f) Names and addresses of all officers:

President NICKI GREEN 129 8th AveVice President Ashley Schreiber 144 4th AveSecretary Dan Rindfleisch 101 3rd AveTreasurer Kortnee Carroll 1305 Kalahari Drive(g) Name and address of manager or person in charge of affair: NICKI GREEN  
129 8th Ave Baraboo

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Store, and Areas Where Alcohol Beverage Records Will Be Stored:

(a) Street Number Oak St b/t 3rd & 4th, 4th b/t Broadway & Baraboo, WI(b) Outdoor Event Description Vendors, live music, beer garden(c) Do premises occupy all or part of building? No

(d) Describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

Oak Street between 3rd & 4th, 4th between Oak and Broadway. Event perimeter will be fenced in with security at the entrances.

3. Name of Event BARABOO NIGHT MARKET

(a) List name of the event

(b) Dates of event 9/16/22E-mail address: cabajn@gmail.com

## DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

PAYMENT OPTIONS: (choose one)

- ☒ On line  
☐ US mail  
☐ In person  
☐ City Hall Night Deposit

BARABOO YOUNG PROFESSIONALS

(Name of Organization)

eSigned via SeamlessDocu.com  
Nicole Green

Key: a0e5d09b71362190ed24805a7b470472

Officer: \_\_\_\_\_

(Signature/date)

08/12/2022

Approvers:

eSigned via SeamlessDocu.com  
Rob Sinden  
Key: 7012727eaa4850ba39d37806ca30

08/15/2022

# Application for Temporary Class "B" / "Class B" Retailer's License

Application Date: 08/26/2022

City of Baraboo

County of Sauk

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics of similar gatherings under § 125.26(6), Wis. Stats.  
☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under §125.51(10), Wis. Stats.

At the premises described below during a special event beginning 09/24/2022 and ending 09/24/2022 and agrees to comply with all laws, resolutions, ordinances and regulation (stat, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box)→  
☒ Bona fide Club  
☐ Chamber of Commerce or similar Civic or Trade Organization  
☐ Veteran's Organization  
☐ Church  
☐ Fair Association  
☐ Lodge/Society

(a) Name BARABOO ACTS COALITION WITH LAS

(b) Address 603 8TH AVE. (LAS MILPAS) Baraboo, WI 53913  
 (Street) \_\_\_\_\_ City \_\_\_\_\_

(c) Date Organized 03/04/2021

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to §77.54 (7m), Wis. Stats, check this box:

(f) Names and addresses of all officers:

President MARCY HUFFAKERVice President Jim BowersSecretary Joan WheelerTreasurer Marcy Huffaker(g) Name and address of manager or person in charge of affair: MARCY HUFFAKER

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Store, and Areas Where Alcohol Beverage Records Will Be Stored:

(a) Street Number 603 8th Ave Baraboo wi(b) Outdoor Event Description Celebration of Baraboo's cultures through music, and dance and food(c) Do premises occupy all or part of building? yes

(d) Describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:  
The outdoor space at Las Milpas, including Summit between 7th and 8th Ave.

3. Name of Event CELEBRATE SAUK

(a) List name of the event CELEBRATE SAUK(b) Dates of event 09/23/2022E-mail address: marcyhuffaker1@gmail.com

## DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

PAYMENT OPTIONS: (choose one)

On line

US mail

☒ In person

City Hall Night Deposit

Approvers:

BARABOO ACTS COALITION

(Name of Organization)

eSigned via SeamlessDocu.o08

Marcy Huffaker

Key: a0e5009b71362190e024005a7b470472

Officer: \_\_\_\_\_

(Signature/date)

08/26/2022



**TAVERN OPERATOR LICENSE APPLICATION****Allow 15 days for processing.**

Fees are non-refundable and non-transferrable.

Application # Operator 20220000361  
**100-10-44120**

08/18/2022

JA

✓ **New License** -- Not previously licensed, or applicant licensed by another Wisconsin municipality within the last 2 years**Provisional – This license shall only be issued in order to allow the applicant time to complete a Responsible Beverage Server Training Course. Provisional licenses are only sold in combination with a NEW Operator license.****APPLICANT INFORMATION:**

Last Name	First Name	Middle Initial	Date of Birth	Male/Female
STROMBERG	GINGER	M		Female
E-Mail	Telephone #		Place of Birth	Driver License #
			hindsdale IL	
Street Address		City, State		Zip
		baraboo wi		53913

- Where will you be employed? Get N Go
- Employer's Telephone #: 6083562067
- Where have you had previous experience as an Operator? no
- Have you lived in Wisconsin for at least 90 consecutive days? ☒ Yes ☐ No  
(If answer to Q 4 is no, do not file your application until you have satisfied the residency requirement.)
- How long have you continuously resided in Wisconsin? 25 In Sauk County? 2
- Have you reviewed the Bartender License Issuance Guidelines, which are attached to this application?  
☒ Yes ☐ No
- Have you ever been convicted for a violation of any federal laws, state laws of Wisconsin or any other state, as well as any county or municipal violations? ☒ Yes ☐ No

If **Yes** to any portion of this question – you are required to complete the box below. If more room is needed, attach a document listing the items. List everything in your past, even if you think it is not important. Your license can be denied if you provide incomplete or inaccurate information! **See Attached Flowchart.**

Date of Conviction	Location of Charge (City, County)	Type: Felony, Misdemeanor, Ordinance, Other	Penalty Imposed
04022013	vernon	felony	charges read in dismissed
032513	vernon	misd a	jail time
09072006	sauk	misd a	jail time
10262005	sauk	misd u	dismissed
09192005	juneau	misd a	restution



8. Have you ever been convicted of operating a motor vehicle while under the influence? ☒ Yes ☐ No

If Yes, provide details requested below:

Date of Conviction	State	County
11/13/2018	wi	sauk
03012013	wi	vernon
06222009	wi	sauk

9. Are there any charges presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any Federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipalities?

☐ Yes ☒ No If Yes, indicate in writing, the law or ordinance allegedly violated, trial court, date of alleged offense, description and status of charges. If more room is needed, attach a document listing the items.

Offense Date	Location of Case (City, County)	Court Date	Violation	Description of Charges	Status

13. Have you ever used any other name(s) or alias (es)? ☒ Yes ☐ No

If yes, state full name(s) of alias (es). Pfaff, Grzetich

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

☒ I verify that I have read and accept the city of Baraboo Bartender License Issuance Guidelines. (See below)

Total Due \$87.00 I will pay: On Line by US Mail ☒ In Person

Applicant:  Date: 08/03/2022

Approvers:

Police Record Check  


08/09/2022

Police Chief



08/09/2022

Comments:

CONVICTED FELON, 04-15-1995--IMPLIED  
CONSENT, 11-17-2001--ATTEMPT (DISARMING  
POLICE OFFICER) RESISTING OR OBSTRUCTING  
OFFICER, 09-07-2005--PAC, 05-16-2009--PAC--

Applicant has 5 prior OWI convictions, most recent in  
2018. Other alcohol related offenses as well.  
DENIED

## FOR TREASURER'S USE ONLY

Chicken 20210000048

Receipt # \_\_\_\_\_

Account # 100-10-44290

07/28/2022

BM

## APPLICATION FOR KEEPING CHICKENS

## License Applied For:

☒ New \$25.00☐ Renewal \$10.00

(Fees are non-refundable and due upon filing)

The undersigned requests permission to keep chickens in the City of Baraboo.

Name: PAMELA ZEMAN Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of applicant: 313 13TH ST, Baraboo, WI 53913

☒ Property Owner ☐ Tenant ☐ School DistrictZoning District: Available on City Website at [www.cityofbaraboo.com](http://www.cityofbaraboo.com).

(Permit is only allowed in R1 or R1A Zoning Districts)

R1-A

Tax parcel number of site: 206-0403-00000

Lot Size: Width (50' minimum) 99'

Number of Chickens to be kept: (Cannot exceed 6.) 6

Accurate description of coop (must be covered, predator proof, provide adequate shade from summer and warmth in winter. Floor to be covered with wood or cedar chips. Coop may be part of yard shed or garage but may not be on top of a building.) Can attach photo or drawing, if preferred.

Raised wood coop with metal roof. Walk in fenced area is 7' by 9.5'. Pleasant to the eye.

Coop size: Length 7' Width 4'

(Must provide two to four square feet per chicken.)

Size of Run attached or surrounding the coop: 7' by 9.5'

Distance of Coop/Run to Lot lines: 24' feet to closest side lot line, 11' feet to rear lot line. (May not be closer than 10 feet to any lot line. Coop may not be placed in the front yard.)

Distance of Coop/Run to Applicant's house or school building: 10' feet

(Must be closer to applicant's house/school building than any other neighbor's house.)

Name, address, and tax parcel number of the owners of each parcel immediately touching your property line. (No application can be approved if 50% or more of the neighboring properties object.)

Name	Address	Parcel # 206-
CASEY C ANDREW	323 13TH ST, 325 13TH ST	206-2734-00000
MICHAEL J CONWAY	309 13TH ST	206-0402-00000

Name, address, and tax parcel number of the owners of each parcel immediately touching the property that also touches your property. Check the Sauk County GIS Website to verify neighbors

<http://lrs.co.sauk.wi.us/AscentLandRecords/PropertyListing/RealEstateTaxParcel#/Search>

Put in your parcel number and click Find Now. Follow this to the next page where you will find a selection to view an Interactive Map. This should show you the Parcel Numbers of your surrounding neighbors and their information. If it is a rental property, please put the information of the Property OWNER NOT RENTER in the below space.

Name	Address	Parcel # 206-

WHEREFORE, the undersigned applicant hereby states that the foregoing information and all attachments to this application are true and correct.

Rules per Code 29.13(3):

1. Roosters and crowing cockerels shall not be kept.
2. Chickens shall not be allowed inside of a residence.
3. Chickens shall be kept in the covered coop or in the fenced run at all times.
4. The slaughtering of chickens in Residential Zoning Districts is prohibited.
5. A permit can be revoked for 3 violations within 12 months, or 5 violations within 36 months.

I will pay:            On Line            by US Mail            ☒ In Person

Emergency Contact for School Districts ONLY:

Name: Pam Zeman            Phone:            during the hours of: 7AM-7PM

Phone:            during the hours of:           

Dated: 07/27/2022

eSigned via SeamllessDocs.com  
*Pamela E Zeman*  
Key: 279c545e7e076a0001893913e4c9d

Applicant/Property Owner

APPROVERS:

Coop inspected 07/28/22

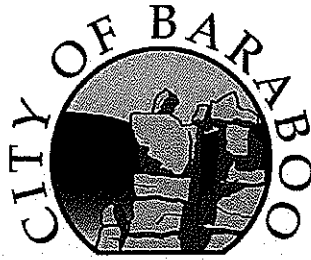
eSigned via SeamllessDocs.com  
*John Statz*  
Key: 728fc2b5ae35a9bc2d12d18f685b961

07/28/2022

eSigned via SeamllessDocs.com  
*Rob Sindén*  
Key: df30fd57b1d192094a7a7e4838807818

07/28/2022

City Clerk



101 South Boulevard, Baraboo, WI 53913

608-355-2700 • 608-356-9666 fax

August 4, 2022

206-2734-00000

Casey C Andrew or Current Resident

325 13<sup>th</sup> St.

Baraboo, WI 53913

**RE: Zeman Application for Keeping Chickens**

Dear Casey C Andrew or Current Resident:

Pamela Zeman who resides at 313 13<sup>th</sup> St. has applied for keeping chickens at her residence. The purpose of this letter is to inform you as owner of property immediately contiguous to the parcel of this application. Each parcel next to the immediate contiguous parcels will also be notified of this application.

If you object to this application, please contact me in writing by Wednesday, August 24th, 2022. Your letter should explain your reason(s) for objecting to the keeping of chickens. If I receive no written response from you, I will assume that you have no objections and their application for keeping chickens will be approved.

Please feel free to contact me with any questions or concerns you may have.

Sincerely,

Brenda Zeman

City Clerk

City of Baraboo

Email: bzeman@cityofbaraboo.com

*I live on Casey Andrew's property*

*I was raised on a farm. Chickens need a  
space to run, not in a cage. I am not enforcing  
chickens in town. We allow chickens, what else?  
If they want to come and talk with  
me, I'll be glad to talk to them.*